24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

| Schedule E) | FOR SE OF FORM 24/48 | | | |
|---|---|--|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | | | |
| Ending Spending Action Fund | C C00489856 | | | |
| | M M / D D / Y Y Y | | | |
| Check if 24-hour report X 48-hour report New report Amends report | | | | |
| Full Name of Payee American Media & Advocacy Group | Date of Public Distribution/Dissemination | | | |
| · ' | 10 14 2014 | | | |
| Mailing Address 815 Slaters Lane | Amount | | | |
| City State Zip Code | 1830133.00 | | | |
| Alexandria VA 22314 | Transaction ID : SE.5878 Date of Disbursement or Obligation | | | |
| Purpose of Expenditure media placement Category/ Type | 10 / 09 / 2014 | | | |
| Name of Federal Candidate Support | Office Sought: House District: | | | |
| Mary Michelle Nunn Oppose | President State: GA | | | |
| | Disbursement For: Primary ☐ General Other (specify) ► | | | |
| Full Name of Payee | Date of Public Distribution/Dissemination | | | |
| American Media & Advocacy Group | 10 14 2014 | | | |
| Mailing Address 815 Slaters Lane | Amount | | | |
| City State Zip Code | 100000.00 | | | |
| Alexandria VA 22314 | Transaction ID : SE.5879 Date of Disbursement or Obligation | | | |
| Purpose of Expenditure media placement Category/ | Date of Disbursement of Obligation 10 10 2014 | | | |
| Type | 4 1 1 | | | |
| Many Michalla Nivora | Office Sought: House District: | | | |
| . Орроsе | President Senate State: GA | | | |
| | Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ► | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 1930133.00 | | | |
| | 7 7 7 | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | > | | | |
| (c) TOTAL Independent Expenditures | · | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Nancy H. Watkins [Electronically Filed] Date | 10 16 2014 | | | |
| Signature | | | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | I EXI END | TOTILO | | PAGE 2 OF 4 FOR SE OF FORM 24/48 |
|---|---------------------|--------------------|-------------------------|---|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Ending Spending Action Fund | | | | C C00489856 |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | | M / D = D / Y = Y = Y |
| Full Name of Payee | | | Date o | f Public Distribution/Dissemination |
| Axis Research, Inc. | | | | 10 14 2014 |
| Mailing Address 107 S. West Street PMB 148 | | | Amour | nt |
| City | City State Zip Code | | | 53100.00 |
| Alexandria | VA 22314 | | | action ID : SE.5876 f Disbursement or Obligation |
| Purpose of Expenditure polling | | Category/ Type | | 10 14 2014 |
| Name of Federal Candidate | | Support | Office Sought | : House District: |
| Mary Michelle Nunn | | X Oppose | Preside | nt Senate State: GA |
| Calendar Year-To-Date Per Election for Office Sought | , 38 | 344744.84 | Disbursement 2014 Ot | For: Primary X General her (specify) ▶ |
| Full Name of Payee | | | Date o | f Public Distribution/Dissemination |
| DDC Advocacy | | | | 10 14 2014 |
| Mailing Address 174 Waterfront Street, Suite 500 | | | Amour | nt |
| City | State | Zip Code | | 14861.22 |
| National Harbor | MD | 20745 | | ction ID : SE.5874 If Disbursement or Obligation |
| Purpose of Expenditure online advertising | | Category/ Type | | 10 14 2014 |
| Name of Federal Candidate | | Support | Office Sought | : House District: |
| Mary Michelle Nunn | | Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 3529242.18 | Disbursement 2014 Ot | For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditure | ·s | | | 67961.22 |
| | | | | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expendit | ures | | • | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Nancy H. Watkins Signature | [Electron | ically Filed] Date | 10 | 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 3 | | | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | VI EXI END | TIONES | | PAGE 3 OF 4 FOR SE OF FORM 24/48 | |
|---|------------|---------------------|---------------------------------|--|--|
| NAME OF COMMITTEE (In Full) | | | FEC | IDENTIFICATION NUMBER ▼ | |
| Ending Spending Action Fund | | | С | C00489856 | |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | ort filed on | / D = D / Y = Y = Y | |
| Full Name of Payee | | | Date of Pub | lic Distribution/Dissemination | |
| DDC Advocacy | | | 10 | 14 2014 | |
| Mailing Address 174 Waterfront Street, Suite 500 | | | Amount | | |
| City | State | Zip Code | | 262402.66 | |
| National Harbor | MD 20745 | | | ID: SE.5875 pursement or Obligation | |
| Purpose of Expenditure direct voter contact | | Category/ Type | M 10 | 14 / 2014 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: | |
| Mary Michelle Nunn | | X Oppose | President | Senate State: GA | |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 791644.84 | Disbursement For: 2014 Other (s | Primary ⊠ General Specify) ► | |
| Full Name of Payee | | | Date of Pub | lic Distribution/Dissemination | |
| FP1 Strategies, LLC | | | 10 | 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Mailing Address P. O. Box 16504 | | | Amount | | |
| City | State | Zip Code | | 12170.00 | |
| Alexandria | VA | 22302 | Transaction Date of Disl | ID : SE.5877 bursement or Obligation | |
| Purpose of Expenditure media production | | Category/ Type | 10 | 14 / 2014 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: | |
| Mary Michelle Nunn | | X Oppose | President | Senate State: GA | |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 3856914.84 | Disbursement For: 2014 Other (s | Primary X General | |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | | 274572.66 | |
| | | | | 7 | |
| (b) SUBTOTAL of Unitemized Independent Expendent | litures | | • • | | |
| (c) TOTAL Independent Expenditures | | | • | 7 | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Nancy H. Watkins Signature | [Electron | nically Filed] Date | 10 / 16 | 2014 | |
| | | | | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | PAGE 4 OF 4 FOR SE OF FORM 24/48 | | | |
|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | | | |
| Ending Spending Action Fund | C C00489856 | | | |
| Check if 24-hour report 48-hour report New report Amends report filed on | M / D D / Y B Y B Y | | | |
| | of Public Distribution/Dissemination | | | |
| | 10 14 2014 | | | |
| Mailing Address P. O. Box 16504 Amoun | nt | | | |
| City State Zip Code | 2500.00 | | | |
| Date o | action ID : SE.5910 of Disbursement or Obligation | | | |
| | 10 16 / 2014 | | | |
| Name of Federal Candidate Support Office Sought | t: House District: | | | |
| Mary Michelle Nunn Preside | CA | | | |
| Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Ot | t For: Primary X General | | | |
| | of Public Distribution/Dissemination | | | |
| Mailing Address | | | | |
| Amour | nt | | | |
| City State Zip Code | | | | |
| | of Disbursement or Obligation | | | |
| Purpose of Expenditure Category/ Type | M / D D / Y Y Y Y | | | |
| Name of Federal Candidate Support Office Sought | t: House District: | | | |
| Oppose Preside | ent Senate State: | | | |
| Calendar Year-To-Date Per Election for Office Sought Ot | t For: | | | |
| | (4) 44 7) | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 2500.00 | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 1 7 1 7 1 | | | |
| (c) TOTAL Independent Expenditures | 2275166.88 | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Nancy H. Watkins [Electronically Filed] Date MMM 10 | 16 2014 | | | |
| o.g. acció | | | | |